Government of Saskatchewan

Annual Report 1998-1999

Saskatchewan Health

100-04506/

TABLE OF CONTENTS

Letters of Transmittal 2

A Message from the Minister of Health and Associate Minister of Health 3

The Mandate and Key Principles of Saskatchewan Health 5

Saskatchewan Health Organizational Chart 6

The Health Needs of Saskatchewan People 7

Health Services Provided by Saskatchewan Health 13

Creating Healthy Public Policy in Saskatchewan 29

Financial Statements 35

APPENDICES 43

Appendix I: Summary of Legislation 44

Appendix II: Legislation and Regulation Amendments 47

Appendix III: Health Districts Map 48

Appendix IV: Saskatchewan Health Directory of Services 49

LETTERS OF TRANSMITTAL

To His Honour
The Honourable Jack Wiebe
Lieutenant-Governor of Saskatchewan

May It Please Your Honour:

We respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 1999.

In presenting this document, we acknowledge the efforts of all those working in the health field to improve the health of all citizens of our Province.

Respectfully submitted,

The Honourable Pat Atkinson
Minister of Health

The Honourable Judy Junor
Associate Minister of Health

To The Honourable Pat Atkinson
Minister of Health
and The Honourable Judy Junor
Associate Minister of Health

Your Honours:

On behalf of all Saskatchewan Health staff, it is my pleasure to present the Department's annual report for your consideration. In accordance with The Department of Health Act, The Prescription Drugs Act, The Saskatchewan Medical Care Insurance Act, and The Vital Statistics Act, this report covers the activities of the Department for the fiscal year ending March 31, 1999.

I congratulate Saskatchewan Health staff members for their continued dedication and commitment to ensure all Saskatchewan citizens receive the best possible health services.

Respectfully submitted,

Glenda Yeates
Deputy Minister

A MESSAGE FROM MINISTER OF HEALTH AND ASSOCIATE MINISTER OF HEALTH

We, as Saskatchewan citizens, can be proud of our health system. Our leadership in health is recognized by other provinces and countries. We continue to seek new ways to provide more innovative and effective health programs and services for the people of our Province.

But most importantly, we continue to work toward our overall goal: to improve the health of Saskatchewan people.

This year's annual report shows the progress we have made to protect and ensure the good health of our Province's population. We have endeavoured to demonstrate the importance of achieving a balance between the health services received by the people of Saskatchewan and their actual health status. Through the collaborative efforts and commitment of health districts, health providers, other health agencies and Saskatchewan Health, we continue to improve the health of all Saskatchewan citizens, particularly those in greatest need.

Among the accomplishments of this year are:

- Expansion of renal dialysis services to Tisdale and Yorkton, to better serve people in rural centres;
- A study of surgery waiting times in Saskatchewan, which provided recommendations to ensure that patients receive surgical services in a timely manner;
- More than 29,000 people across the Province received home care services;
- The rate of tuberculosis was below 10 per 100,000 population for the first time ever;
- The Athabasca Health Authority in northern Saskatchewan was established, to give greater local control over health services in the far north.

As well, our Department focused attention on preventing injury and illness, and promoting good health. The Department, in collaboration with health districts and other agencies, offered a wide variety of programs and services, such as immunization, and prevention of teen smoking, fetal alcohol syndrome and problem gambling.

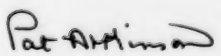
It is becoming increasingly understood that there are a number of factors that affect our health. These factors, or determinants of health, include: income and social status; social support networks; education; employment and working conditions; physical environment; genetics; personal health practices and coping skills; healthy child development; and health services. These are clearly very broad and interconnected matters that touch all of us.

Addressing these determinants of health requires that policy-makers, agencies, organizations, government departments and individuals work together to reduce the inequities that face some members of our communities.

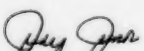
We have made positive strides in dealing with the health concerns of Saskatchewan people. However, we acknowledge that there are areas that still require our close attention. Among the most pressing health challenges facing our Province as we enter the new millennium are:

- our aging population who require more extensive health care. Approximately 14 per cent of Saskatchewan's population is 65 years and older, with many living in small rural communities. Because the elderly more frequently access the health system, our services and programs have to adapt to changing health needs.
- the health needs of First Nations and Métis people, many of whom are developing serious long-term conditions such as diabetes. The First Nations and Métis population is expected to increase significantly over the next 20 years, and our health system must ensure the needs of this population are met.
- children and young people, who need nurturing and consistent support to develop into healthy, productive adults. Young people are more likely to engage in risky behaviour, such as tobacco, alcohol and drug use, and unprotected sex.
- achieving a balance between providing the best possible health services to all citizens of our Province, and ensuring that our health system is financially sustainable well into the new century.

Our health system is developing strategies that will help us meet these needs as they emerge. We are committed to improving the health of all Saskatchewan citizens. We believe that all of us have a role to play in reaching that goal and ensuring a healthy future for all.



The Honourable Pat Atkinson
Minister of Health



The Honourable Judy Junor
Associate Minister of Health

THE MANDATE OF SASKATCHEWAN HEALTH

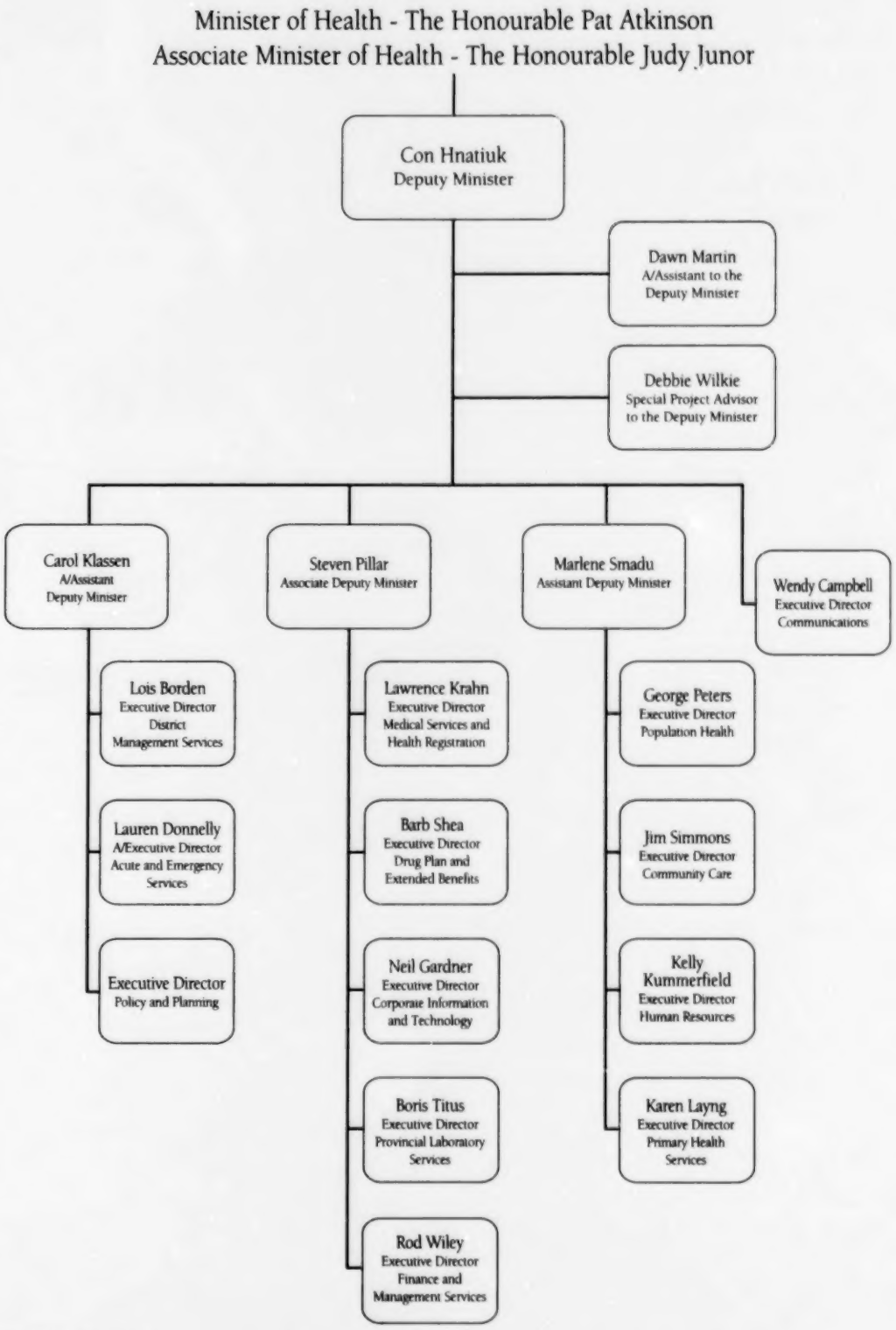
Saskatchewan Health's goal is to improve the health, in its broadest context, of both individuals and society within a financially sustainable framework, and

- to provide leadership in defining and implementing a vision for health and a framework for the health system;
- to assess, promote and protect the health of the Saskatchewan population; and
- to ensure provision of essential and appropriate services to Saskatchewan residents.

To achieve these goals, Saskatchewan Health follows five key principles which guide and direct the activities of the Department.

- Principle One: Increase community involvement in the health system.
- Principle Two: Emphasize disease and injury prevention, healthy lifestyles and population health.
- Principle Three: Improve the balance between institutional services and home- or community-based programs, to provide the right service at the right time in the right place – as close to home as possible.
- Principle Four: Co-ordinate and integrate health services for a more responsive, efficient, client-centred system.
- Principle Five: Ensure a financially sustainable, publicly funded health system.

SASKATCHEWAN HEALTH ORGANIZATIONAL CHART



As of March, 1999

THE HEALTH NEEDS OF SASKATCHEWAN PEOPLE

THE HEALTH NEEDS OF SASKATCHEWAN PEOPLE

In order to provide the best quality health services for the people of Saskatchewan, it is necessary to determine the public's health needs. Saskatchewan Health uses a wide variety of tools to measure the need for the many health services and programs funded, supported or directly delivered by the Department. These tools are also important in the development and reporting of health indicators and outcomes. Besides measuring need, it is critical to also measure performance. As the health system is extremely complex, a detailed, integrated approach is required when planning for current and future health service needs.

- Saskatchewan Health collects, analyses and reports on information that can help identify the health needs of Saskatchewan people. This includes data about the characteristics of our population, vital statistics, and health service use. All of these are used by health districts, communities and the Department for needs analysis, and for service and facility planning.

SELECTED SASKATCHEWAN HEALTH STATUS INDICATORS 1996-98

Indicator	1996	1997	1998
Population (000s)[a]	1,027	1,020	1,031
Live Birth Rate[b,1]	13.0	12.4	12.4
Death Rate[b,1]	8.6	8.3	8.6
Infant Death Rate[2]	8.4[c]	8.9[c]	7.1[b*]

[a]Saskatchewan Health Covered Population as of June 30, 1996, 1997, 1998.
[b]Vital Statistics, Annual Report, 1998. Saskatchewan Health.
[c]Statistics Canada, 1999. Catalogue No. 82F0075XCB.
[1]Rate per 1,000 population, [2]Rate per 1,000 live births, *Provisional data.

- Saskatchewan Health also continued to work with health districts and the Health Services Utilization and Research Commission (HSURC) through the Information Needs Working Groups on the Health Services and Outcome Indicators Project. The goal is to identify and define health status and health service/utilization indicators for four population groups: Mothers and Infants, Children and Youth, Adults, and Seniors. These indicators are intended to support health district needs assessment and strategic planning. During the reporting year, the working group developed core (ie: those on which all health districts will be required to report) and optional indicators for the Mothers and Infants, Children and Youth, and the Seniors population groups and shared information with health district and Department staff on the Indicators Project through a series of needs assessment workshops held at six sites throughout the Province in Fall 1998.

- The Department provided support to health districts in implementing a new planning process, the development of three-year strategic plans. The support included the continued development of needs assessment and their 1998-99 health plans, which outline the major operational issues, goals and plans of a district. As well, the Department worked with health districts to meet accountability requirements as set out in service agreements between the Minister of

Health and health districts the Accountability Framework and other directives.

Saskatchewan Health reviewed 32 health districts' health plans to ensure that health service delivery is consistent with the provincial vision for health renewal, government priorities, and sound health policy, and that there has been adequate public and health worker involvement and communications.

The Department managed the 1998-99 provincial health capital budget of $44.9 million. Part of this process was determining health facility infrastructure needs throughout the Province. Two mechanisms were used in this process: capital management plans (CMP) which encourage health districts to detail facility requirements/policies for preventative maintenance, energy management and timely building systems upgrades. The capital review process reviewed specific health district capital proposals and recommended projects to be given priority consideration for capital funding.

To support health districts in their planning processes, Saskatchewan Health provided six workshops on health needs assessment during the reporting year. The workshops, attended by more than 130 health district staff and board members, included an overview of needs assessment, sources and use of data, public participation, setting priorities, presenting data for decision-making and policy development, evaluation and communication. Needs assessments are an important component of the planning carried out by districts.

- The primary health services initiative builds on existing district programs and services, emphasizes a co-ordinated team approach to the delivery of services, and builds stronger linkages to physicians. During 1998-99, Saskatchewan Health participated with health district providers and other health agencies in a needs assessment process at primary health service sites across the Province. High risk individuals were identified so that services could be targeted to meet specific needs. Data collection and analysis were started at five primary health service sites. As well, an evaluation of the primary health service project at Beechy was completed, including recommendations for ongoing development of the project. A comprehensive evaluation framework was developed to evaluate primary health service sites, using both qualitative and quantitative methods in assessing the impact of the primary health services delivery model on specific populations served.

- Saskatchewan Health is a partner with the University of Regina and University of Saskatchewan in the largest in-depth survey of the health of Saskatchewan people. The results will provide valuable information

needed to design effective health policies and programs into the next century. This survey will be implemented in 1999-2000.

- The first phase of the Acquired Brain Injury (ABI) Pilot Project, covering the period 1995–1998, was evaluated this year. The evaluation showed a high level of satisfaction from survivors and families with services that were provided through the pilot project. It was determined that services are now more integrated and co-ordinated than before the project began. This project is a partnership between Saskatchewan Health and Saskatchewan Government Insurance (SGI).

- In partnership with the Alcohol and Drug Abuse Advisory Council, the Department conducted a survey and review of provincial alcohol and drug services. Work included a survey of provincially funded addiction services, creation of a service inventory, and a review of services and issues surrounding treatment of adolescents. This information will be useful to the Advisory Council and to the Department in future planning and development of chemical-dependency treatment services.

- A pilot project focusing on convalescent care was undertaken in the South East Health District. The project demonstrated the ability of local health centres to provide an in-patient service that prepares a client to manage safely at home, with home care if necessary, after surgery or a serious illness. Based on the findings and feedback from health districts, a provincial policy on the provision of convalescent care in health centres was developed and released.

- Saskatchewan Health surveyed all home care programs in northern Saskatchewan to determine the services offered, volumes of service, staffing, and financial situations. As well, Saskatchewan Health completed a survey of the training needs for home care programs in the north, to determine the level of training needed by staff in order to provide quality home care in northern Saskatchewan. As home care programs in the north historically have provided a minimal level of service, better trained home care staff will offer enhanced home care services.

- Saskatchewan Health conducted a survey of health districts regarding their special care, home care, rehabilitation, adult day, and housing programs to collect data that would assist in program planning.

- The Minimum Data Set (MDS) for long-term care was tested in six health districts in 1998-99. MDS is a resident-centred process to assess residents in long-term care facilities. This process helps to enhance

quality of care and quality of life. It will allow comparison of data within facilities, as well as districts, provincially, nationally and internationally.

- The annual mental health services program review examined the mental health services provided in each health district. In addition, the review highlighted service enrichments, issues and concerns. The information will assist Saskatchewan Health and health districts to plan and deliver the most appropriate mental health services.

- Saskatchewan is one of nine provinces working to design and test a new national scale to measure the prevalence of problem gambling. It is anticipated that the prevalence study will be conducted in Saskatchewan in 2000. The results of the study will help the Department and its partners determine the extent of gambling problems, and to develop relevant programs and services for people with gambling problems and their families.

- In 1997, a number of HIV cases were identified in the Prince Albert Health District. As a result, Saskatchewan Health collaborated with the Prince Albert Health District, Health Canada, and the Northern Intertribal Health Authority, to investigate the prevalence of blood borne diseases and factors which may have led to exposure to such diseases. Preliminary results of the study should be available in the fall of 1999.

- Recognizing that diabetes is a major health issue, Saskatchewan Health formed the Advisory Committee on Diabetes in 1997. The committee's mandate is to determine diabetes rates in the Saskatchewan population, review current diabetes prevention and treatment services, and recommend strategies to deal with the issue in a comprehensive way.

  The committee submitted an Interim Report to the Province's Chief Medical Health Officer in November 1998 and expects to present its final report in the 1999-2000 fiscal year. The Interim Report found that in 1996 there were more than 38,000 diabetics living in Saskatchewan (3.8% of the population). There were more than 3,000 new cases diagnosed each year (0.3% of the population). These rates were similar to those in the rest of Canada and the United States. The Interim Report outlined the areas of analysis and focus of the final report and made a number of preliminary recommendations to address some of the more urgent needs. The incidence and prevalence of diabetes was estimated through the linkage of administrative service databases. Saskatchewan is one of the first provinces to use this method to estimate chronic disease rates.

- Protecting the health of Saskatchewan's population requires the provision of high quality public health laboratory services and monitoring of an ever-changing environment.

The Provincial Laboratory provides leadership in laboratory services for health districts, physicians and health facilities. Clinical and public health testing services provide infectious disease surveillance data to enable early detection of outbreaks and timely intervention of appropriate public health measures. The reference testing services provide medical microbiology and complex chemistry testing results that aid physicians in diagnostic and treatment decisions.

- The 1996-97 National Population Health Survey, released during the reporting year, sought to assess the health status of Canadians, including the residents of Saskatchewan. The survey obtained responses on self rated health status, socio-economic status, wellness and fitness, health care utilization and health risk behaviours such as smoking and lack of exercise. The entire report was included in the Saskatchewan Epidemiology Report and distributed to health districts and other stakeholders for their use in program planning.

As well, Saskatchewan Health provided health districts and other stakeholders with information on selected health status indicators for health planning purposes. The Department also made information from health databases available to researchers for over 50 research projects in 1998-99.

HEALTH SERVICES PROVIDED BY SASKATCHEWAN HEALTH

Saskatchewan Health works closely with health districts, health providers, community-based groups and organizations, and individuals to offer a broad range of health services to the people of Saskatchewan. During 1998-99, the Department continued to undertake such initiatives as: preventing illness and injury; providing home-based and institutional-based care; recruiting and retaining highly-trained professionals; ensuring quality acute care services; addressing problems related to smoking, gambling and alcohol and drug abuse; developing a children and youth strategy; and others.

◆ *SASKATCHEWAN'S ACTION PLAN FOR CHILDREN*

Issues affecting children, youth and families continue to be a top priority of the Government of Saskatchewan and Saskatchewan Health. The Department is a partner in Saskatchewan's Action Plan for Children, a provincial strategy to improve the well-being of our Province's children and young people.

During 1998-99, Saskatchewan Health provided program support to health districts across the Province that delivered mental health services to approximately 4,500 children and youth with emotional and behavioural challenges across the Province. As well, the Department funded such initiatives as: a home visiting family support program for families of young children living in disadvantaged conditions; an intensive school and home-based program for helping very aggressive, violent kindergarten children develop more socially acceptable behaviours; and a program to improve the co-ordination of services for children and youth with very challenging behaviours.

◆ *ACQUIRED BRAIN INJURY (ABI)*

People with acquired brain injury in our Province now receive better and more co-ordinated care, through a partnership between Saskatchewan Health and Saskatchewan Government Insurance. To date more than 800 survivors of brain injury and their family members have received services closer to home from 27 funded programs.

The project has recognized that the only cure for brain injury is injury prevention itself. The ABI pilot project has been very involved in the co-ordination of injury prevention activities across the Province. A community grants program was introduced by SGI and the ABI pilot project to enable community groups to establish, enhance or deliver programs that address issues in their community related to traffic safety and/or injury prevention. A distance education program on brain injury prevention was offered in February 1999, attended by over 100 participants, at 16 sites across the Province.

◆ *PROBLEM GAMBLING*

Saskatchewan people continue to be concerned about problem gambling. Saskatchewan Health provides funding for the Problem Gambling Help Line, a 24-hour a day, seven day a week 1-800 service, answered by Mobile Crisis Centres across the Province. Callers can receive information, counselling, crisis intervention services and

referrals to self-help groups and health district problem gambling counsellors. During the fiscal year, 3,696 calls were placed to the Problem Gambling Help Line.

Specialized problem gambling counselling services are available in all health district service areas across the Province on an out-patient basis. Treatment focuses on both counselling and support for gamblers and family members, assessment for other mental health and substance abuse problems, financial and budgeting assistance, and relapse prevention. The total number of clients receiving treatment for the reporting period was 749.

HEALTH DISTRICT PROBLEM GAMBLING CASELOADS BY CLIENT TYPE 1996-97 TO 1998-99

Year	Gamblers	Collaterals (family, friends)	Total
1996-97	447	74	521
1997-98	584	100	684
1998-99	620	129	749

Although the majority of individuals requiring treatment for problem gambling can be assisted through out-patient services, Saskatchewan Health recognizes that some severely affected individuals may require residential treatment services in addition to out-patient treatment services. In-patient treatment services are provided at the Walter A. "Slim" Thorpe Recovery Centre in Lloydminster.
There were 24 clients approved for in-patient treatment in 1998-99.

◆ *ALCOHOL AND DRUG ABUSE*

Saskatchewan Health, through its funding to health districts and community-based organizations, provides a full range of recovery services to meet the needs of residents affected by alcohol and drug abuse. These include out-patient counselling, in-patient rehabilitation, detoxification, day patient and long-term residential programs. During 1998-99, there were 20,355 admissions to provincially funded alcohol and drug recovery services.

Fetal Alcohol Syndrome (FAS) is a life-long condition caused by alcohol consumption during pregnancy. Saskatchewan Health continued to be an active partner with the Saskatchewan Institute for Prevention of Handicaps, other provincial departments and agencies, and interested individuals to develop and deliver effective FAS prevention and education to communities across Saskatchewan. As well, during this year, Saskatchewan Health joined with the governments of Alberta and Manitoba to undertake a three-year initiative which includes the development of a common strategy to address FAS prevention and support.

Saskatchewan Health is responsible for co-ordinating health district addiction screening and rehabilitation requirements as part of the Safe Driving Program administered by SGI. In 1998-99, health district addictions counsellors conducted 3,694 screenings on clients referred to the Safe Driving Program. Of these, 75 per cent were determined to be not chemically dependent and were referred to Driving Without

Impairment (DWI) education sessions. Twenty-five per cent were found to be chemically dependent and were referred to clinical services for addiction treatment. In addition, there were 546 admissions to out-patient services as a result of the screenings. Other clients were referred to in-patient services, the National Native Alcohol and Drug Abuse Program, and self-help groups.

◆ *EATING DISORDERS*

The BridgePoint Center for Eating Disorders has been providing a provincial program of rehabilitation for individuals and their families in the recovery from eating disorders since 1997. The pilot program was developed through a partnership with the Midwest Health District, BridgePoint Center and Saskatchewan Health. In the first 17 months of operation, BridgePoint Center provided 174 days of programming for 132 clients, 99 family/support participants and 58 case managers. Participants came from most of the health districts in the Province.

◆ *AWARENESS, EDUCATION AND TRAINING*

Increasing awareness among the public and health providers about a range of health issues is an important component in improving individual and collective health. Saskatchewan Health undertook a number of initiatives to share current information that can help ensure improved health outcomes for all citizens of the Province. Among these are:

- Planning and Evaluating Population Health Promotion Summer School, co-ordinated by the Prairie Region Health Promotion Research Centre. A number of partners supported the summer school, including Saskatchewan Health, Health Canada, University of Saskatchewan, several health districts and other health organizations. More than 200 participants from Saskatchewan, Bermuda, Manitoba, Alberta, Ontario and Australia attended the week-long event. The purpose of the summer school was to: build conceptual and practical skills needed to plan and evaluate population health promotion; focus on learning through practical problem solving with realistic case examples; and accommodate diverse learning needs, all levels of knowledge and skills and many sectors concerned with health and well-being.

- Directory of Health Resources, produced to raise awareness of the health resources available in the Province and for the user of the directory to then put these resources to the best use. The determinants of health served as the framework to compile this directory. Approximately 1,500 directories were distributed to health districts, post secondary education institutions, government departments, non government agencies, schools and community groups in 1998-99.

- Saskatchewan Health Resource Centre, which continued to provide timely access to information for health professionals, providing them with the tools to positively impact the health of their communities. The Resource Centre received over 3,000 requests for information and provided over

13,000 documents in response to these requests. The Department also expanded the use of technology to provide access to electronic documents, databases, and information providers on the World Wide Web for health professionals and health service consumers.

- Saskatchewan Health uses distance education via satellite to bring training events to groups and communities across Saskatchewan. During 1998-99, Saskatchewan Health offered two distance education events: It's Time to Clear the Air: Tobacco Reduction in Saskatchewan, and Building Strengths in our Communities: An Integrated Care Management Approach. These distance education sessions are then edited on to video for wider distribution and use. In 1998-99, the Department distributed more than 150 sets of videos from the workshop called Community Development: From Principles to Practice. As well, more than 140 sets of videos from the workshop Creating Healthy Workplaces were distributed to health districts, government departments, libraries, community organizations and groups.

◆ *SUPPORTIVE SERVICES – HOME CARE, PERSONAL CARE HOMES, SPECIAL CARE HOMES*

In 1998-99 Saskatchewan Health gave approval in principle or recommended further planning for upgrading, replacing or building additions to long-term care facilities in Battlefords, Melfort, Yorkton, Swift Current and Weyburn. When completed, these projects will improve program delivery, building code and fire safety compliance, accessibility and space allocation. They will also help to provide safe nursing home environments, while enhancing the quality of life for residents.

The objectives of the home care program are to help people who need acute, palliative and supportive care to remain independent at home, and to supplement, but not replace, support provided by family and community. Services provided include case management, nursing, therapies, personal care, respite, homemaking, meals, home maintenance, and volunteer services. Individuals are admitted to the home care program based on assessed need.

HOME CARE USAGE 1996-97 TO 1998-99

Year	Home Care Clients	Home Care Services*
1996-97	27,410	2,243,037
1997-98	27,948	2,265,386
1998-99	29,102	2,234,428

* A unit of service is one hour of nursing, personal care, respite, homemaking, or home maintenance or one meal

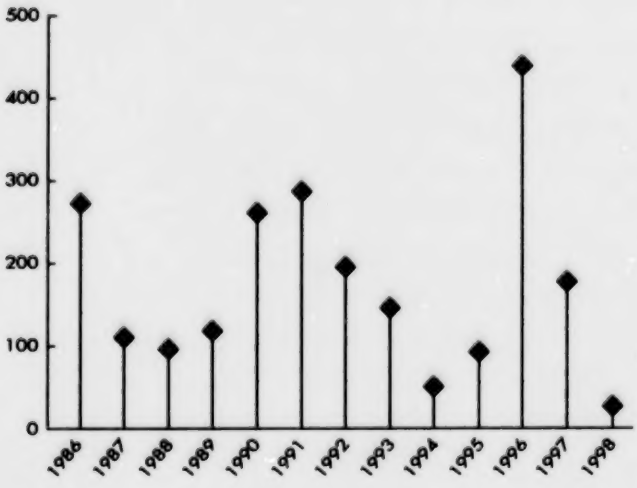
Special care homes offer appropriate institutional long-term care and accommodation services to people who need more care and supervision than is available through community or home-based services. During 1998-99, services were delivered by 160 licensed special care homes with 8,995 beds.

RESIDENTS IN SPECIAL CARE HOMES IN SASKATCHEWAN 1996-97 TO 1998-99

1996-97	9,203
1997-98	9,111
1998-99	9,007

There were an additional 401 long-term care beds in hospitals across the Province. Out of these beds, the long-term care system provided 273 respite beds that gave relief for family care providers. In addition, there were 105 adult day programs in special care homes across the Province that also provided support to family care providers.

NUMBER OF REPORTED CASES OF HEPATITIS A IN SASKATCHEWAN
1986 - 1998



Personal care homes are privately owned and operated facilities that provide another option for adults who generally do not need the level of health services provided in a publicly subsidized special care home, but who wish to receive personal care services and assistance. During the year, the first personal care home on First Nations land was licensed. Personal care homes must have a license in order to operate, and must operate in accordance with The Personal Care Homes Act, Regulations and Licensee's Handbook.

◆ *COMMUNICABLE DISEASES*

The control of communicable diseases is an important responsibility of Saskatchewan Health. Together with health districts, health providers, and health facilities, the Department monitors and assists in communicable disease control across the Province.

The Hepatitis A outbreak management strategy, initiated in 1996, was continued in 1998-99. The program targeted children age one to 15 in areas of the Province at high risk for Hepatitis A infection. This program has contributed significantly to the substantial reduction in the number of reported cases of Hepatitis A, from a high of 450 in 1996, to 39 cases in 1998.

More than 130,000 doses of influenza vaccine were distributed for administration to high risk groups including: people living in nursing homes; people over age 65; and others with medical conditions that would put them at risk. The 130,000 immunizations in 1999 compares to 50,000 doses administered in 1991 when the program was introduced.

In September 1998 Saskatchewan Health introduced an active, staged pneumococcal immunization program for those at greatest risk of pneumococcal disease or its complications. Residents of long-term care facilities and personal care homes and others most at risk, as determined by their physician, were eligible to receive the vaccine.

Development of phase one of the Saskatchewan Immunization Management System (SIMS), an internet-based immunization database, was completed this year. It was developed by Saskatchewan Health, in co-operation with health districts and Health Canada, to improve access to individual client immunization information by service providers. Implementation in health districts began during the year.

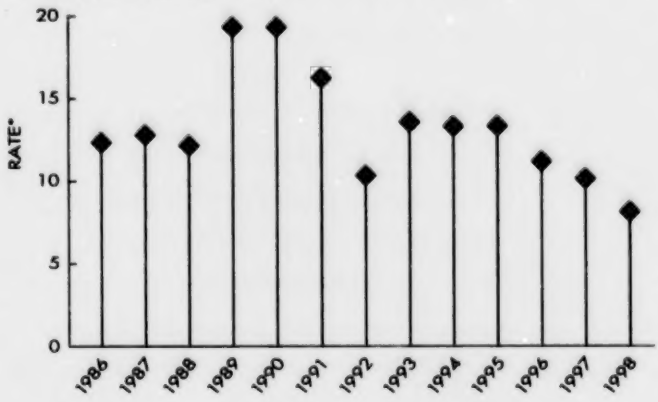
Saskatchewan's Tuberculosis Control Program continues to provide leadership in addressing this communicable disease. Staff provides stationary clinics in the major centres of Saskatoon, Regina and Prince Albert as well as mobile clinics throughout the Province. The rate of tuberculosis continued to fall and was below 10 per 100,000 for the first time.

◆ *TOBACCO*

Tobacco use, particularly among young people, continues to be a serious concern for Saskatchewan Health and its partners. During 1998-99, the Department undertook a number of initiatives to raise awareness about the health risks of smoking, and change public attitudes and behaviours about smoking and secondhand smoke.

For example, Saskatchewan Health in co-operation with Health Canada, the Saskatchewan Interagency Council on Smoking and Health, Saskatchewan Education and representative health districts hosted a satellite training session called "It's Time to Clear the Air: Tobacco Reduction in Saskatchewan" on March 10, 1999. Thirty-eight sites participated in Saskatchewan, as well as sites in Manitoba and Alberta. Over 400 individuals representing health districts, justice, social services, education, provincial health organizations and a variety of community organizations took part in the day-long workshop.

INCIDENCE RATE OF REPORTED NEW TUBERCULOSIS CASES IN SASKATCHEWAN 1986 - 1998



* Rate is the number of cases per 100,000 of population

This is the first time that Saskatchewan Health has offered a satellite training workshop to schools. Approximately 150 students participated in the workshop. Videos of the workshop will be edited and distributed to health districts, workshop presenters, resource centres, government departments and community-based organizations for use in future tobacco reduction training initiatives.

A fact sheet called Smoke-Free It's Just Good Business was published in February 1999, as the fourth in a series of fact sheets aimed at raising the awareness about the health risks of environment tobacco smoke (ETS) and providing information on the benefits of smoke-free

environments. The fact sheet includes quotes from business owners and managers throughout Saskatchewan who have chosen to make their businesses smoke-free, and was distributed to all health districts, business organizations and stakeholder groups. In addition, the Department distributed more than 6,000 copies of three other fact sheets in the series: Smoke-Free Policy at Work; Smoke-Free Restaurants and Helping Your Family Clear the Air.

◆ *FIRST NATIONS HEALTH*

The Department provided leadership and support to the continued development of two new northern health districts, Keewatin Yathé and Mamawetan/Churchill River.

During 1998-99, Saskatchewan Health continued to work with the First Nations community on the development of the Athabasca Health Authority for the far north which was formally established in January 1999, and the construction of a new health facility to serve all the residents of the Athabasca Basin. As well, work continued with the Touchwood File Hills Qu'Appelle Tribal Council to develop a capital agreement for the replacement of the Fort Qu'Appelle Indian Hospital under First Nations ownership for the first time in its 60-year history. A joint task force under the Memorandum of Agreement on Health Services signed in 1997, was created between the Métis Nation of Saskatchewan and Saskatchewan Health. In addition, Saskatchewan Health worked closely with both the Federation of Saskatchewan Indian Nations and the Métis Nation of Saskatchewan to create formalized structures to ensure their participation in provincial health governance structures, particularly district health boards.

◆ *ACUTE CARE AND EMERGENCY SERVICES*

Saskatchewan Health provides funding for a full range of acute care and emergency services in the Province, and works with health districts and health professionals to ensure that access to quality services is maintained and improved.

Acute care services

Acute care services include medical and surgical care, obstetrics, perinatal and pediatric care, psychiatric care and emergency services, as well as other specialty and support services. Both hospitals and health centres provide a range of services, though only hospitals provide acute in-patient care. The mix and range of services provided by individual facilities varies with the health needs and priorities of the health district and local community.

As of March 31, 1999 there were 71 acute care hospitals, one rehabilitation hospital and 76 health centres distributed throughout the Province. An analysis of travel time indicates that about 68 per cent of people in the Province have a travel time of less than 10 minutes to reach a hospital, while 96 per cent are within 40 minutes of a hospital.

The Department continued to provide services to support the planning, construction and ongoing management of facility infrastructure for:

- Acute care projects which include projects to replace and or renovate existing hospitals and help to provide an appropriate range of acute care services, including in-patient, emergency, ambulatory care, diagnostics, clinical programs, surgical, obstetrics, speciality services and support services. Once completed, these projects will enhance access to acute care and specialized services, improve patient care delivery and replace time-expired buildings (in whole or in part). They will upgrade existing building components to current acute care, building/ fire code, accessibility and space standards. Projects in Big River, La Loche, Melville, Moose Jaw, Regina, Saskatoon and Swift Current were approved in principle or recommended for further planning.

- Health centre additions to nursing homes, as well as renovation or new construction to provide emergency, observation/assessment and diagnostic services. These projects will assist health districts to consolidate facilities, enhance services and reduce operating costs. Projects located in Carrot River and Turtleford were recommended for further planning, while a project in Wilkie was given approval in principle.

Renal dialysis services

This year, renal dialysis services were brought closer to home for some patients in the northeast and the southeast part of the Province, as satellites were opened by the Pasquia Health District in the Tisdale hospital in April, and by the East Central Health District in the Yorkton hospital in December. Prior to these openings, hemodialysis services were available in Saskatoon, Regina, Prince Albert and Lloydminster. During 1998-99, an increase in the number of people with kidney failure and who had individuals willing to donate a kidney to them, resulted in provision of resources to Saskatoon Health District to increase the number of living donor kidney transplants in their elective surgery schedule.

Cancer services

The Saskatchewan Cancer Agency continued to expand the community outreach program, which was initially piloted with four health districts in 1996-97. The program was expanded to include 15 health districts in 1998-99. This program allows patients to receive chemotherapy and other supports closer to home, while maintaining a close link to expertise at the cancer centres.

As well, the Saskatchewan Cancer Agency established a High Dose Rate Brachytherapy (HDRB) treatment program for prostate cancer at the Allan Blair Cancer Centre in February 1999. This is the first program of its kind in Canada. HDRB for prostate cancer is a major breakthrough in the treatment of prostate cancer. It is less invasive than surgery, with fewer side effects of treatment and provides equal, if not better, outcomes for patients when compared to conventional therapy.

Surgery and other procedures

The provision of acute care services is changing.

New technologies and advances in the practice of medicine and the development of more community-based alternatives are allowing service levels to be maintained with fewer in-patient hospital beds. Increased day surgery, same day admission for surgery and diagnostics, and more out-patient services result in fewer in-patient admissions and shorter lengths of hospital stay. New procedures and techniques are less invasive, with less risk and discomfort, and lead to faster recovery. People are spending less time in hospitals. The average acute care hospital stay declined from 7.2 days ten years ago and 6.4 days five years ago, to 5.8 days in 1998-99.

Hospitals are also able to provide similar amounts of surgery with fewer beds because more surgery can be done as day surgery. The total number of surgeries performed increased by nine per cent over the past five years, while the percentage performed as day surgery has doubled. There have also been shifts in the kind of surgery performed.

PROCEDURES IN HIGH DEMAND HAVE INCREASED:

	over five years
- cataract surgery	62% increase
- total knee replacements	22% increase
- coronary by-pass surgery	26% increase
- coronary angioplasty	34% increase

The Health Services Utilization and Research Commission (HSURC) has developed guidelines which help to ensure that there are fewer unnecessary interventions.

Ambulance services

The Saskatchewan Air Ambulance Service provided 836 flights in 1998-99. The provincial air ambulance program is administered by Saskatchewan Health and is based at the Saskatoon airport. Saskatchewan Health contracts with the Saskatchewan Property Management Corporation for the provision of aircraft, pilots and maintenance. The Saskatoon Health District and St. Paul's Hospital are contracted to provide the nursing staff for the program. MD Ambulance of Saskatoon provides flight paramedics.

The 108 road ambulance services in the Province responded to more than 75,500 calls during the year. More than 1,200 emergency services providers (emergency medical responders, emergency services technicians, paramedics and registered nurses) work with the ambulance services. As well, there are more than 1,500 trained First Responders in the Province. First Responders are community-based, rapid response volunteers who are linked with local ambulance services. These volunteers can provide First Aid, CPR and other basic emergency interventions until the ambulance arrives.

The Senior Citizens' Ambulance Assistance Program (SCAAP) handled 7,957 claims in 1998-99. SCAAP covers the cost of ground ambulance trips that exceed $250, for the Province's senior citizens, age 65 and over. The Saskatchewan Pediatric Transport Service was implemented in 1998 to develop quick, co-ordinated access to specialized acute care

facilities for all children throughout the Province. More than 200 children have received emergency transportation from the rural and northern areas of the Province to specialized health facilities in Regina and Saskatoon. Each team is composed of a registered nurse and a registered respiratory therapist with additional training and expertise in pediatric critical care. The team travels to the child, stabilizes and transports the child back to Regina or Saskatoon, where medical consultation is provided by pediatricians or pediatric critical care specialists. Rural and northern physicians and registered nurses are able to access 24 hour, seven day per week telephone consultation with a pediatric specialist to assist them with stabilization and treatment of children. Together, the referring physician and consultant determine the appropriate method of transfer for the child.

Information technology

Saskatchewan Health continued the implementation of the telehealth project this year.

After extensive evaluation, a contract for the Northern Telehealth Network was awarded to Computing Devices Canada Ltd. to develop a real-time video conference network which will include selective diagnostic support in Prince Albert, North Battleford, Saskatoon, Meadow Lake, La Ronge, Ile-a-la-Crosse, Beauval and Pinehouse.

Residents in rural and remote areas will have access to specialists, family physicians and other health providers without having to travel long distances. The network will provide these health providers with access to continuing education, specialized expertise and clinical support from colleagues in other centres in the network. Specialists in child psychiatry, dermatology, obstetrics and orthopaedics have agreed to participate in the project.

The Rural Physician Support Initiative was encompassed by the development of SHIN. A shared network to be accessed by physicians from their clinics, health centres and the hospital to support call arrangements on a geographic basis, was established. Staff training took place. A "requirements" document was developed that noted what the physicians needed in software to meet clinical requirements. SHIN also prepared to extend the network to include all the physicians in the Southwest Health District.

Saskatchewan Medical Care Insurance

The Saskatchewan Medical Care Insurance Plan covers many services provided by physicians, chiropractors and optometrists, as well as some services provided by dentists. The Plan pays for insured services on a fee-for-service basis, in accordance with medical care insurance payment schedules. These schedules reflect agreements reached with various professional associations. Contract and salary funding arrangements are also developed by mutual agreements and implemented to support stable and appropriate service provision.

Through the health registration process, the Department maintains a central registry of all Saskatchewan residents eligible for provincial

health benefits. A provincial health services card, with a unique health services number, is issued to ensure only eligible Saskatchewan residents receive insured health benefits. Saskatchewan Health staff handled 145,800 telephone inquiries and served more than 15,300 clients in person regarding health registration. More than 85 per cent of Saskatchewan's eligible residents had insured health services paid to physicians on their behalf in 1998-99. More than eight million claims for services were processed, with about 96 per cent of these claims submitted by health providers via computer.

• Physician services

The number of visits to Saskatchewan physicians increased by 1.5 per cent to 5,631,400 services, with 4,705,900 visits to general practitioners and 925,500 visits to specialists. On a per capita basis, there were 5.46 visits per person or an increase of 0.3 per cent from the previous year, with 4.56 general practitioner visits and 0.90 specialist visits per capita. More than nine per cent of Saskatchewan's eligible residents received optometric coverage, and 10 per cent received chiropractic coverage. The average per capita costs for services provided in Saskatchewan were: $252.65 for physician services, $3.45 for optometrist services, and $7.56 for chiropractic services.

HEALTH REGISTRATION INFORMATION 1996-97 TO 1998-99

	1996-97	1997-98	1998-99
Covered Population*	1,027,551	1,020,351	1,031,933
New Family Registrations	18,497	18,433	14,518
Family Address Changes	151,962	112,628	105,012
All Beneficiary Changes	344,516	331,059	403,124
Health Services Cards Issued	119,505	124,009	107,612

*Per health registration at June 30 of each year.

Saskatchewan Health and the Saskatchewan Medical Association continued working collaboratively in an effort to improve the recruiting and retention of physicians in Saskatchewan. This is achieved through the joint administration of a number of incentive programs designed to recruit physicians to rural and northern Saskatchewan. One new program, the Medical Resident Bursary Program, was added to the array of existing programs, which include the Rural Practice Establishment Training Program, and the Undergraduate Medical Student Bursary Program, Rural Enhancement Training Program, Locum Service Program, Weekend Relief Program, Re-entry Training Program and Emergency Room Coverage Program. As well, the Department continued to manage three provincial bursary programs: paramedical, northern and undergraduate medical. These programs are a specialized recruitment initiative which provide financial assistance to Saskatchewan residents studying health professions where critical shortages exist.

These programs are having a positive impact on the recruitment and retention of physicians in Saskatchewan. More than 60 bursaries have been awarded to medical students and residents since the program began. The retention rate of family medicine graduates from the College of

Medicine, University of Saskatchewan improved to 72 per cent. Five Rural Practice Establishment grants were awarded in 1998-99, bringing the total to 34 since its inception. The turnover rate of physicians, at 8.7 per cent, was the lowest since the 1993-94 turnover rate of 8.3 per cent.

The Ministers of Health announced the formation of a Task Team on Surgical Waiting Lists in December 1998. This team was to describe a fair and transparent system for scheduling elective surgical procedures and recommend the steps necessary to implement the waiting list system across the Province. The Task Team's report was released in March 1999, providing a set of short, medium and long-term recommendations to reduce waiting times for elective surgery. In March 1999, the government announced, as part of the 1999-00 budget, a $12 million fund to begin to address some of the issues identified by the Task Team on Surgical Waiting Lists, and to make an initial investment towards the long-term management of surgical waiting lists in the Province.

As well, Saskatchewan Health worked with health districts to develop plans and implement 195 additional front line nursing positions totalling $9 million in additional funding for 12 health districts and the Saskatchewan Cancer Agency.

There are also alternate funding opportunities for physician services. Alternative methods of compensating physicians for services are designed to provide physicians with the opportunity to develop programs and deliver services to meet patient needs, including health promotion and educational activities. They also provide the flexibility for physicians to work as members of a multi-disciplinary team while maintaining a reasonable income. Funding levels are determined based on a number of factors, such as the population served, service need, and ongoing viability and sustainability of the service. Districts are funded through a contractual agreement and may choose from a variety of payment options such as contracts, salaries or sessional payments in their agreements with the physicians.

The number of projects and health districts involved in alternative payment arrangements has increased each year. Total payments for projects and programs in 1998-99 were $10.4 million, up 33 per cent compared to 1997-98. The portfolio of contracts is diverse and includes both general practitioners and specialists such as intensivists, obstetricians and general surgeons. In 1998-99, 45 per cent of the active contracts were for general practitioner services and 55 per cent for specialist services. Other groups of physicians who derive the majority of their income from mechanisms other than fee-for-service are physicians funded through health district budgets, community clinic physicians and the College of Medicine. When combined, total expenditures for all of these practitioners in 1998-99 were approximately $84.8 million and comprised more than 15 per cent of physicians in the Province.

Primary health services

In 1998-99, primary health service sites were established at Beechy, Kyle, Hudson Bay, Hafford,

Lucky Lake and Four Directions Health Centre in Regina. These six sites serve a population of more than 13,120. As well, contracts were signed for the development of an additional six sites and preparatory work commenced at these sites. Primary health service sites focus on the development of proactive approaches to reaching high risk populations; screening and monitoring programs to support early detection and intervention; and outreach programs which involve partnering with community groups as well as public health, mental health, addictions and other health services. The model being adopted in Saskatchewan is a collaborative one in which physicians, nurses and other health professionals work together as an interdisciplinary team. The team also includes representatives from other human service sectors such as Education, Social Services, Justice, Municipal Government and the community.

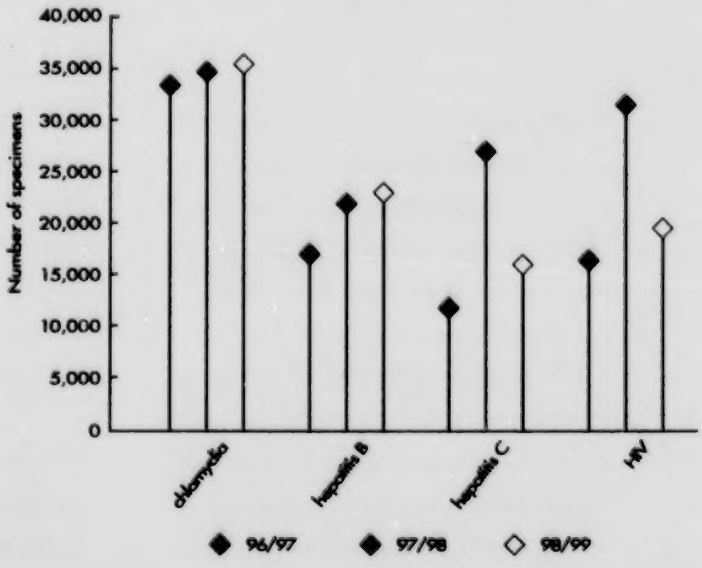
◆ *LABORATORY SERVICES*

During 1998-99, the Provincial Laboratory developed and monitored several performance indicators which positively impact health service delivery in Saskatchewan. The time taken from when a specimen enters the Provincial Laboratory until a report is sent out, referred to as turn around time, has been substantially reduced in a number of tests. For example, the turn around time for mycology was reduced from six weeks to three weeks and for parasitology it was reduced from 10 days to five days. This enables more rapid treatment that can reduce the spread of the disease or hospitalization.

The Provincial Laboratory now runs all drugs of abuse screening within 24 hours of receiving the specimen, and all positive results are reported to physicians the same day. Methadone programs in Saskatchewan use the drugs of abuse screening results to reduce exposure to infectious diseases contracted by injection drug users through the use of shared needles.

Turn around time for screening for influenza was reduced from six days to one day. This screen includes influenza A and B, parainfluenza 1, 2 and 3, adenovirus and RSV (respiratory syncytial virus). This improvement in service not only affects patient treatment, but also informs hospitals whether patient isolation is needed

PROVINCIAL LABORATORY TESTING 1996-97 TO 1998-99



which prevents nosocomial infections or outbreaks in nursing homes.

The Provincial Laboratory made improvements to the testing for Bordetella pertussis (whooping cough). Turn around time at the Laboratory was reduced from seven days to one day, thus reducing outbreaks of pertussis. Bordetella pertussis has traditionally been a difficult organism to isolate.

◆ *PRESCRIPTION DRUGS AND SUPPLEMENTARY HEALTH SERVICES*

The Saskatchewan Prescription Drug Plan is designed to provide necessary medications to families with low incomes, families with high drug costs, and those with both.

Prior to being covered by the Drug Plan, drugs are reviewed by two expert committees, Saskatchewan Formulary Committee and Drug Quality Assessment Committee. They examine the medical benefits of each new drug and its value to the health system, and give advice to the Minister of Health as to whether a drug should be covered under the Drug Plan. During 1998-99 the Minister of Health approved 192 products for listing in the Saskatchewan Formulary, and 62 products were approved for criteria based coverage under exception drug status.

An on-line computer network connects each pharmacy in order that consumers eligible for a financial benefit from Saskatchewan Health only pay their share of the prescription cost.

SASKATCHEWAN PRESCRIPTION DRUG PLAN

	1996-97	1997-98	1998-99
# of drugs covered	2,947	3,112	3,366
# of prescriptions processed	5,966,106	6,261,167	6,622,455
# of prescriptions/beneficiary	9.6	10.1	10.5
# of families receiving benefits	88,077	88,277	103,564
average cost/prescription	$27.04	$27.34	$28.53
Drug Plan payments	$61.9M	$65.2M	$76.0M

Saskatchewan Health is automatically billed for the government share of the prescription cost.

The Family Health Benefits program was established August 1, 1998 by Saskatchewan Health, and is designed to assist lower income families with the costs of raising healthy children. It is part of the Government of Saskatchewan's Building Independence initiative. The benefits covered include drugs, medical supplies and appliances, dental and optical services, and ambulance services for children under 18. In 1998-99, 42,806 children received these benefits, and 34,706 adults in qualifying families received partial benefits.

Saskatchewan Health's Supplementary Health program offers eligible residents access to a number of health services and products, once eligibility is determined by Saskatchewan Social Services. The program provided covered drugs at no charge for children and $2 per prescription for adults, as well as dental, optometric, chiropractic and medical transportation services. The average monthly caseload was more than 63,000 beneficiaries.

The Saskatchewan Aids to Independent Living (SAIL) program is designed to assist those with long-term disabilities or illnesses which leave them unable to function fully. Specialized benefits may be available through the SAIL program to help them achieve more independent and active lifestyles. SAIL provides assistive devices and services to the physically disabled residents such as prosthetic and orthotic appliances, special needs equipment, respiratory equipment, Saskatchewan Formulary and certain other drugs at no charge, incontinence management supplies, ostomy supplies, and aids for the blind.

The SAIL home oxygen therapy program covers the cost of oxygen concentrators and portable oxygen for persons who meet certain tests of hypoxemia. People receiving palliative care may also be eligible for coverage. SAIL funded supplemental home oxygen for 2,084 beneficiaries.

CREATING HEALTHY PUBLIC POLICY IN SASKATCHEWAN

CREATING HEALTHY PUBLIC POLICY IN SASKATCHEWAN

Saskatchewan Health works closely with other government departments and agencies, health districts, health providers and especially members of the public, to develop and implement public policy which improves the health and well-being of all Saskatchewan citizens, while operating the health system economically and efficiently.

During 1998-99, the Department undertook a number of public policy initiatives which will help direct our complex health system as we enter the new millennium.

- In conjunction with the Saskatchewan Association of Health Organizations, health district boards and other stakeholders, the Department began development of a planning framework that will reconfirm the vision, principles, values, objectives and strategies for the provincial health system.

- During the reporting year, the Department initiated a strategy for intersectoral collaboration that is intended to develop and promote population health and well-being for Saskatchewan communities and their residents. Saskatchewan Health endeavours to work collaboratively with its many partners on a wide range of health issues.

- Health districts came together to begin physician resource planning on a geographic basis as recommended in the 1997 report called Establishing and Maintaining Speciality Physician Services in Urban and Rural Saskatchewan. Representatives of the College of Physicians and Surgeons, Saskatchewan Medical Association, the College of Medicine, the Saskatchewan Association of Health Organizations and the Professional Association of Interns and Residents were available to meet with health districts to develop plans.

- Saskatchewan Health influenced public and health district policy decisions and control of capital costs through health district development of capital management plans which provide information necessary for districts to make long range decisions in a variety of facility-related areas. A capital evaluation process was used to identify highest provincial priorities and the most appropriate capital responses for the health system.

- A working group was established to address health district board governance issues. The Department also began development of a provincial operational policy manual for district health boards and initiated a process to strengthen management practices in health districts to focus on medical service, quality and accountability, and financial and utilization management.

- The provincial integrated renal program steering committee was formed to better integrate and improve services available to patients and individuals at risk of end-stage renal disease. This committee advises health

districts and the Department on all aspects of the integrated renal program, including prevention, dialysis, transplant and organ donation, and research. The treatment modalities for people with kidney failure that are addressed include conservative therapy (prevention and delay of onset), hemodialysis, peritoneal dialysis and transplantation.

To support the work of the committee and its four working groups, planning began on establishing an interdistrict renal data management system that would track patients regardless of their treatment modality.

- During 1998-99, the Department engaged in a number of activities designed to support and build Saskatchewan's health human resources, such as:
  - developing the legislative and regulatory framework for midwifery practice in Saskatchewan;
  - assisting with the development of bylaws to accompany the new Psychologists Act;
  - researching and developing policy on alternative therapies, and assessing use, value and cost effectiveness; and
  - developing legislation and bylaws for health professionals which increased accountability and flexibility in the services provided by health professionals – Pharmacy Amendment Act; Physical Therapists Act; bylaws for dentists, denturists and dental technicians; drafting health professions statutes for chiropody and midwifery.

- Saskatchewan Health continued to develop and nurture strong working relationships with the federal government and other Provinces and territories to address national health issues such as: Canada Health Act interpretation issues; strengthening national health surveillance mechanisms; the establishment of a new national Canadian Blood Services agency; and collaboration in the area of health information system planning, health human resource planning and a number of population health initiatives.

- Health research is vital for in-depth understanding of the health status of our population. The health data collected by the Department is very useful for researchers in Saskatchewan and elsewhere.

  During 1998-99, Saskatchewan Health co-ordinated a review of policies related to external access to and charges for health data. A fee schedule was developed which provides favourable access to Saskatchewan researchers conducting research using Saskatchewan Health data. As well, the Department negotiated and co-ordinated the allocation of health research funding to Health Services Utilization and Research Commission, the College of Medicine, the Cancer Agency and the Centre for Agricultural Medicine.

- The Department co-ordinated the final development of The Health Information Protection Act, to provide a framework for managing personal health information collected, used or disclosed anywhere in the health system.

- Saskatchewan Health collaborated with Saskatchewan Social Services, Saskatchewan Post Secondary Education and Skills Training, and the Office of Disability Issues in negotiating and implementing the Employability Assistance for Persons with Disabilities Agreement.

- Saskatchewan Health participated in the development of a Government of Saskatchewan policy framework for a comprehensive long-term strategy on early childhood development as one of the five key initiatives of the Poverty Reduction Strategy, and a major initiative of Saskatchewan's Action Plan for Children. Saskatchewan Health also participated in the development of the Second Report of the Saskatchewan Council on Children: Recommendations to the Ministers participating in Saskatchewan's Action Plan for Children in October 1998.

- The Task Force on High Cost Drugs, appointed by the Minister of Health in December 1997, released its final report in July 1998. The Task Force found that Saskatchewan is well served by the drug review process, and that the work being done by the two review committees is very thorough. The final report contained seven recommendations, all of which have been implemented.

- The Saskatchewan Assistance Plan Supplementary Health Benefit regulations were amended on August 1, 1998 in order to establish the Family Health Benefits program. More than 40,000 children and 30,000 parents were registered on Family Health Benefits by the end of the fiscal year. Family Health Benefits is designed to assist lower income families with the costs of raising healthy children.

- The document, A Population Health Promotion Framework for Saskatchewan Health Districts, was developed collaboratively by Saskatchewan Health, health district representatives and other health promoting agencies and released in January 1999. The document is a resource to assist in improving our collective capacity to positively influence the health of all Saskatchewan residents. It presents definitions, principles and strategies for population health promotion to help health districts understand their role in promoting population health and to provide insights into how they can work effectively with other sectors. In addition to being distributed widely within Saskatchewan Health and all health districts, the document has been sent to health promotion links in all Canadian Provinces. Requests have also been received

from and copies sent to other countries including Brazil, England, Romania, USA, Turkey, Sweden, Scotland, and Bermuda. The document has been translated into Portuguese by the National School of Public Health for use in Brazil.

- A document entitled A Rehabilitation Framework was released by Saskatchewan Health in November 1998. It focuses on a co-ordinated approach to maintaining people in their communities, increasing client and family participation in health decisions, and strengthening the efficiency and effectiveness of rehabilitation services including occupational therapy, physical therapy, speech language pathology, audiology and respiratory therapy. The framework was developed following consultations with health districts, professional organizations, consumer groups and other interested stakeholders.

- As the establishment of primary health service sites is a new initiative, policy development is ongoing including such areas as funding incentives, program innovations and tool design to support more effective service delivery, evolving roles for health providers, and site expansion.

- Saskatchewan Health undertook innovative policy development regarding mental health services during 1998-99. For example, the Department initiated a review of forensic services with other government and district stakeholders, in partnership with Saskatchewan Justice. A provincial mental health approved home operators manual was developed to assist approved home operators to provide quality care to those with mental health problems.

  Support to northern health districts in recruitment and retention of staff in mental health and addictions programs is a high priority for Saskatchewan Health. The Department worked closely with health districts to recruit qualified individuals to both existing and new northern positions, and supports staff retention through ongoing training and program consultation. A major initiative is psychological trauma management and establishing effective suicide prevention strategies.

- In order to improve equity and access to community-based services for palliative care, Saskatchewan Health made revisions to its policy related to charges for clients needing this important type of care. The policy change established equitable assessment of charges across service sites for individuals with palliative needs.

- Saskatchewan Health has continued to provide leadership and consultation to the Province's gaming industry to develop a comprehensive strategy to address problem gambling. The Department has developed a co-ordinated plan to work with the Federation of Saskatchewan Indian Nations to address problem gambling issues and

concerns among First Nations people. This includes developing strategies with the First Nations Addictions Rehabilitation Foundation, the Saskatchewan Indian Gaming Authority, and tribal council representatives throughout the Province.

Saskatchewan Health has also provided leadership in the development of local problem gambling committees throughout the Province. The central strategy in this approach is to bring together as many problem gambling stakeholders as possible in each community, and establish local problem gambling committees to promote a collaborative process that encourages community members to take an active role in reducing the social harm often associated with gambling.

- In April of 1998, Provincial Laboratory embarked on an extensive project to meet accreditation standards which is a provincially legislated requirement through the Laboratory Licensing Act in order to maintain a license to practice laboratory medicine. Provincial Laboratory received a successful inspection report from the College of Physicians and Surgeons, Quality Assurance Committee in December 1998. Part of the accreditation process included the development of procedure and policy manuals for all technical, administrative, safety and computer activities and systems.

- Among other public health policy initiatives undertaken were:
  - the development of the Residential Care Services Building and Safety Reference Guide that will allow departments to be more consistent when setting building and safety standards. The guide was developed in partnership with Social Services, Municipal Affairs, Culture and Housing, Justice and health districts.

  - the completion of new Farmers Market Guidelines and Food Processing Guidelines which are used by health districts when administering food safety regulations under the Public Health Act, 1994.

  - development of Infection Control Guidelines for Day Care Providers which provide information and guidelines to prevent the spread of disease in day care centres and is a valuable tool in supporting the health of pre-schoolers. This document was developed by Saskatchewan Health and health districts and distributed to licensed day care centres through Social Services Day Care Division.

  - additions made to the Population Health Promotion Model: A Resource Binder which includes sections to help keep the original resource current and further develop the understanding and direction for population health promotion in Saskatchewan.

FINANCIAL STATEMENTS

Saskatchewan Health
Comparison of Actual Revenue and Expenditures to Estimates

	1998-99 Estimates $000s	1998-99 Actuals $000s	1998-99 Variance $000s *	
Revenue	14,082	12,399	(1,683)	(1)
Operating Expenditures:				
Administration	2,657	3,035	378	
Accommodation & Central Services	11,017	11,069	52	
District Health Services & Support				
Acute & Rehabilitation Services	615,372	625,132	9,760	(2)
Long-Term Care Services	264,828	262,467	(2,361)	(3)
Home-Based Services	70,332	69,783	(549)	(3)
Community Services	110,504	109,891	(613)	(3)
Emergency Response Services	17,619	19,190	1,571	(4)
Health Organizations and Services	13,784	40,522	26,738	(5)
Saskatchewan Cancer Agency	22,511	22,950	439	
District Programs Support	12,356	12,223	(133)	
SUBTOTAL	1,127,306	1,162,158	34,852	
Provincial Health Services & Support				
Provincial Community Health Services	3,711	3,785	74	
Provincial Laboratory	8,069	8,895	826	(6)
Health Research	4,358	4,358	0	
Immunizations	3,925	4,473	548	(7)
Saskatchewan Health Information Network	20,000	5,000	(15,000)	(8)
Provincial Programs Support	9,517	10,036	519	(9)
SUBTOTAL	49,580	36,547	(13,033)	
Medical Services & Medical Education Programs	384,364	400,105	15,741	(10)
Drug Plan & Extended Benefits	100,418	116,802	16,384	(11)
Health Capital	44,900	44,900	0	
TOTAL OPERATING EXPENDITURES	1,720,242	1,774,616	54,374	
FTE STAFF COMPLEMENT	562.4	586.4	24.0	

* See below for explanations of significant variances between 1998-99 estimates and 1998-99 actuals that are greater than 5% and greater than $500,000, and/or greater than $1,800,000 (1% of total department expenditure).

Explanations of significant variances:

(1) Federal/provincial cost share revenue for capital projects was lower than originally anticipated as a result of delays in signing agreements. This was partially offset by vaccine revenue received from health districts which was not budgeted (entirely offset by corresponding expenditure), an increase in the number of air ambulance flights and the distances travelled, and increased demand for marriage, birth and death certificates.

(2) Primarily the result of increased funding provided to health districts for additional nursing positions.

(3) Primarily the result of management of funds to help offset other departmental pressures.

(4) Increased usage of senior citizens ambulance assistance and air ambulance programs.

(5) Primarily the result of provincial contributions for the establishment and operation of a new national blood agency and for the national compensation fund for individuals infected with the Hepatitis C virus through the blood system.

(6) Impact of additional staff requirements and reclassification of positions in accordance with collective labour agreement.

(7) Bulk purchase of vaccines for individuals in non-target groups (entirely offset by corresponding revenue received from health districts).

(8) Progress of project slower than originally estimated.

(9) Primarily the result of information technology related issues regarding Year 2000.

(10) Increased usage of physician services and out-of-province hospital services.

(11) Increased costs and usage of the drug plan and extended benefit services.

District Health Board Audited Operating Fund Financial Statements

STATEMENT OF OPERATIONS	Assiniboine Valley	Battlefords	Central Plains	East Central	Gabriel Springs	Greenhead	Kelsey Trail
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	17,524,550	45,344,501	18,593,260	43,174,188	10,512,584	10,693,982	8,406,214
Long-term Resident and Respite Income	2,693,210	3,098,424	1,365,268	4,545,390	48,537	1,294,488	0
Home Based Services - Client Fees	114,892	141,024	248,057	342,141	95,428	149,883	0
Emergency Response Service Fees	0	0	20,598	38,436	0	211,480	0
CMHC Mortgage Subsidies	0	0	0	180,004	0	0	0
Out-of-Province/Third Party Reimbursements	188,876	1,139,401	12,498	2,318,471	147,350	98,760	0
Donations	0	33,872	6,157	5,457	1,682	1,091	1,700
Investment Income	77,132	275,220	206,654	4,290	71,154	76,824	6,287
Ancillary Operations	0	638,681	25,533	49,028	0	0	0
Other	652,301	521,960	223,660	1,043,593	73,276	473,700	94,955
Total Operating Revenue	21,250,961	51,193,083	20,701,685	51,700,998	10,950,011	13,000,208	8,509,156
Operating Expenses:							
Acute Services	6,809,163	17,730,793	2,195,230	23,069,076	3,502,196	4,265,198	1,072,957
Specialized Hospital Programs	0	11,976,940	0	0	0	0	0
Supportive Care Services	10,545,686	11,283,144	4,634,462	18,390,823	5,046,825	4,787,413	0
Grants to Affiliates:							
Acute Services	0	0	5,700,222	0	0	0	3,344,647
Supportive Care Services	0	788,928	3,593,071	0	0	935,359	0
Other	0	0	0	0	0	0	0
Home Based Services	2,113,280	1,620,857	2,078,292	3,450,707	740,201	1,175,261	0
Health Improvement Initiatives:							
Health, Wellness and Social Centres	0	0	556,994	283,848	0	0	0
Rural Health Initiatives	358,500	797,892	302,993	607,584	168,728	292,486	0
Community Care Initiatives	71,687	0	113,954	191,236	0	90,657	2,258,446
Emergency Response Services	644,581	441,375	486,088	621,052	189,362	517,855	20,381
Alcohol and Drug Services	46,976	473,768	115,023	271,387	45,179	82,896	0
Community Health Services	390,173	1,860,079	389,466	1,868,959	221,930	492,206	1,474,855
Mental Health Services	56,431	4,427,418	124,418	4,270,000	149,734	94,931	0
Rehabilitation Services	138,719	347,775	73,193	382,428	131,340	55,413	97,819
Ancillary Operations	0	0	56,093	44,602	0	376,040	0
Other	0	0	0	290,430	921,367	0	0
Total Operating Expenses	**21,185,175**	**51,748,999**	**20,419,499**	**53,741,912**	**11,115,862**	**13,165,715**	**8,269,105**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**65,785**	**(555,888)**	**282,186**	**(2,040,914)**	**(166,851)**	**(165,507)**	**240,051**
Operating Fund Balance - Beginning of the year	306,770	2,037,824	1,319,090	(13,288,926)	735,435	(160,172)	8,509
Interfund Transfers	(347,664)	9,612	(342,007)	(699,336)	0	239,426	(269,528)
Equity Adjustments	0	0	0	0	0	0	22,071
Total Adjustments to Equity	(347,664)	9,612	(342,007)	(699,336)	0	239,426	(247,457)
Operating Fund Balance - End of Year	44,891	1,491,550	1,259,269	(16,029,176)	568,584	(86,253)	1,103
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	1,281,057	5,027,408	2,747,244	0	162,781	710,736	229,655
Accounts Receivable:							
Saskatchewan Health	392,385	239,770	272,202	26,162	147,321	283,120	74,913
Other	325,471	446,382	156,408	740,325	152,254	0	61,187
Inventory	568,036	632,959	155,263	723,941	118,868	231,584	26,534
Prepaid Expenses	140,878	236,149	73,887	292,827	19,952	0	910
Investments	0	0	0	0	918,506	0	400,000
Restricted Assets	0	558,466	0	0	0	0	0
Other	0	965,109	281,571	0	0	0	0
Total Operating Assets	2,707,827	8,106,243	3,686,575	1,783,255	1,519,682	1,225,440	793,199
Liabilities and Operating Fund Balance:							
Accounts Payable	1,025,186	2,509,353	614,677	296,576	286,325	411,237	388,333
Bank Indebtedness	0	0	0	13,071,145	0	0	0
Accrued Liabilities	1,416,851	3,294,836	920,648	4,128,343	474,926	764,886	199,797
Current Portion of Long-term Debt	0	0	0	149,845	0	0	0
Deferred Revenue	220,899	810,504	891,981	166,522	189,847	135,570	203,966
Total Liabilities	2,662,936	6,614,693	2,427,306	17,812,431	951,098	1,311,693	792,096
Externally Restricted	0	0	0	0	0	0	0
Internally Restricted	0	0	0	0	0	0	0
Unrestricted	44,891	1,491,550	1,259,269	(16,029,176)	568,584	(86,253)	1,103
Operating Fund Balance	44,891	1,491,550	1,259,269	(16,029,176)	568,584	(86,253)	1,103
Total Liabilities and Operating Fund Balance	2,707,827	8,106,243	3,686,575	1,783,255	1,519,682	1,225,440	793,199

FINANCIAL STATEMENTS

	Living Sky	Lloydminster	Mamawetan Churchill River	Midwest	Moose Jaw Thunder Creek	Moose Mountain	North Central
STATEMENT OF OPERATIONS							
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	11,107,253	7,715,613	10,777,901	16,414,964	47,121,524	10,943,365	15,628,205
Long-term Resident and Respite Income	2,038,042	1,647,654	145,212	2,559,946	1,300,026	1,238,276	1,806,235
Home Based Services - Client Fees	181,145	69,809	38,364	225,162	431,236	184,007	84,077
Emergency Response Service Fees	55,852	95,809	0	179,707	69,805	189,054	0
CMHC Mortgage Subsidies	34,173	80,029	0	187,255	77,932	0	120,971
Out-of-Province/Third Party Reimbursements	101,179	325,581	97,120	87,326	516,741	225,802	162,231
Donations	0	250,244	0	0	84,045	54,321	0
Investment Income	57,845	401,548	37,352	249,106	283,149	185,674	217,215
Ancillary Operations	32,252	0	147,996	0	127,481	0	53,020
Other	509,491	8,681,247	99,104	588,033	1,153,919	207,926	555,350
Total Operating Revenue	14,117,232	19,267,534	11,343,049	20,491,499	51,164,858	13,228,425	18,627,304
Operating Expenses:							
Acute Services	4,478,833	9,051,600	3,731,696	4,663,393	21,725,909	4,923,229	6,851,042
Specialized Hospital Programs	0	0	0	0	0	0	0
Supportive Care Services	6,769,157	6,833,792	0	10,374,552	6,063,692	5,356,733	7,685,167
Grants to Affiliates:							
Acute Services	0	0	0	0	0	0	0
Supportive Care Services	0	0	0	0	9,260,773	0	0
Other	0	0	0	0	1,480,214	0	0
Home Based Services	2,008,321	1,022,267	853,620	2,111,063	3,956,173	1,481,919	1,037,988
Health Improvement Initiatives:							
Health, Wellness and Social Centres	166,360	65,305	0	197,336	76,976	62,184	0
Rural Health Initiatives	239,093	216,348	0	773,894	882,989	299,510	344,966
Community Care Initiatives	0	308,716	0	195,630	267,000	63,049	64,007
Emergency Response Services	407,849	237,142	311,704	510,922	730,117	345,557	210,220
Alcohol and Drug Services	23,504	350,681	1,175,538	0	190,300	101,379	167,457
Community Health Services	282,415	569,088	2,632,128	1,843,005	1,990,179	360,376	1,388,208
Mental Health Services	65,424	783,770	440,980	0	3,382,687	156,376	196,196
Rehabilitation Services	138,409	521,390	212,244	0	415,521	107,519	223,762
Ancillary Operations	28,856	0	0	0	78,553	0	0
Other	0	0	1,927,884	441,901	0	117,272	113,368
Total Operating Expenses	**14,998,821**	**19,760,099**	**11,286,794**	**21,111,698**	**50,581,883**	**13,375,183**	**18,292,379**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(880,789)**	**(492,565)**	**57,255**	**(620,197)**	**583,775**	**(146,879)**	**344,925**
Operating Fund Balance - Beginning of the year	(490,956)	3,152,016	35,936	3,271,681	1,939,275	3,189,935	2,868,438
Interfund Transfers	(250,093)	2,097,916	(80,000)	(169,657)	(718,872)	(353,338)	(351,963)
Equity Adjustments	0	0	0	0	0	0	0
Total Adjustments to Equity	(250,093)	2,097,916	(80,000)	(169,657)	(718,872)	(353,338)	(351,963)
Operating Fund Balance - End of Year	(1,231,838)	4,757,367	13,191	2,481,827	1,884,178	2,689,919	2,861,400
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	265,569	3,018,076	1,180,370	5,030,869	5,269,528	3,811,491	1,413,024
Accounts Receivable:			0				
Saskatchewan Health	0	131,056	87,382	224,779	525,000	145,615	308,598
Other	222,971	789,543	146,040	433,773	498,701	380,562	421,611
Inventory	393,050	398,588	80,147	390,267	554,970	156,562	239,715
Prepaid Expenses	21,044	179,415	70,808	222,910	522,671	93,019	156,059
Investments	32,223	2,809,339	0	0	0	0	1,963,239
Restricted Assets	0	0	0	0	0	0	0
Other	0	0	(269,103)	0	0	0	0
Total Operating Assets	934,857	7,326,017	1,295,642	6,302,598	7,370,870	4,587,249	4,502,246
Liabilities and Operating Fund Balance:							
Accounts Payable	732,182	921,240	518,766	1,020,395	1,158,807	705,157	340,692
Bank Indebtedness	555,881	0	0	0	0	0	0
Accrued Liabilities	862,740	1,443,338	647,435	1,796,375	3,178,815	987,494	1,296,404
Current Portion of Long-term Debt	0	0	0	0	0	0	0
Deferred Revenue	15,892	204,072	116,250	1,004,001	1,149,070	204,679	3,750
Total Liabilities	2,166,695	2,568,650	1,282,451	3,820,771	5,486,692	1,897,330	1,640,846
Externally Restricted	0	0	0	0	0	0	0
Internally Restricted	0	73,264	0	0	751,280	967,859	0
Unrestricted	(1,231,838)	4,684,103	13,191	2,481,827	1,132,898	1,722,060	2,861,400
Operating Fund Balance	(1,231,838)	4,757,367	13,191	2,481,827	1,884,178	2,689,919	2,861,400
Total Liabilities and Operating Fund Balance	934,857	7,326,017	1,295,642	6,302,598	7,370,870	4,587,249	4,502,246

FINANCIAL STATEMENTS

STATEMENT OF OPERATIONS	North-East	North Valley	Northwest	Parkland	Peaquis	Pipestone	Prairie West
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	14,492,674	14,733,691	9,310,729	14,552,171	16,313,097	18,827,715	11,821,783
Long-term Resident and Respite Income	1,714,216	1,043,563	1,114,478	1,959,951	1,925,522	3,230,524	899,996
Home Based Services - Client Fees	151,653	178,893	60,068	118,887	171,436	234,352	177,903
Emergency Response Service Fees	0	0	385,817	0	84,454	159,956	230,658
CMHC Mortgage Subsidies	0	0	78,786	376,393	197,126	131,204	51,948
Out-of-Province/Third Party Reimbursements	204,788	0	159,984	72,842	185,260	920,978	115,711
Donations	13,941	0	1,198	0	0	0	1,408
Investment Income	141,603	31,016	182,898	59,101	120,312	94,706	104,179
Ancillary Operations	305,093	0	0	0	22,244	0	71,814
Other	0	135,052	270,900	213,881	155,614	80,197	205,972
Total Operating Revenue	17,023,968	16,120,215	11,564,831	17,353,226	19,175,065	23,479,630	13,648,342
Operating Expenses:							
Acute Services	6,400,142	160,015	4,669,753	5,026,000	8,064,426	6,573,744	3,733,589
Specialized Hospital Programs	0	0	0	0	0	0	0
Supportive Care Services	6,854,843	3,428,537	3,638,707	9,075,516	7,100,306	12,337,958	5,607,706
Grants to Affiliates:							
Acute Services	0	6,059,533	0	0	0	0	0
Supportive Care Services	0	3,665,000	0	0	0	0	0
Other	0	0	0	0	0	0	0
Home Based Services	1,323,584	1,493,931	676,037	2,124,491	1,836,172	1,955,474	1,197,388
Health Improvement Initiatives:							
Health, Wellness and Social Centres	327,185	244,278	109,087	0	452,079	500,238	694,644
Rural Health Initiatives	99,930	204,488	168,479	437,914	316,043	342,123	105,509
Community Care Initiatives	317,981	74,170	57,965	39,190	75,171	0	94,921
Emergency Response Services	239,258	327,525	557,465	406,965	536,959	535,643	620,003
Alcohol and Drug Services	0	106,900	201,585	0	48,406	846,824	145,809
Community Health Services	362,424	267,039	333,913	510,727	344,343	266,491	564,398
Mental Health Services	216,508	60,323	213,219	0	91,180	281,070	245,416
Rehabilitation Services	144,231	126,282	126,760	0	113,233	124,962	88,417
Ancillary Operations	0	0	0	0	0	0	25,810
Other	839,166	512,306	0	0	0	0	0
Total Operating Expenses	17,125,232	16,730,327	10,752,970	17,620,803	19,080,318	23,764,527	13,123,390
Operating Fund Excess/(Deficiency) of Revenues over Expenses	(101,264)	(610,112)	811,861	(267,577)	194,747	(284,897)	524,952
Operating Fund Balance - Beginning of the year	1,295,789	(87,392)	2,063,947	560,485	1,714,496	1,238,720	775,511
Interfund Transfers	(199,369)	(92,930)	(400,000)	(401,206)	(652,079)	(644,949)	(400,000)
Equity Adjustments	0	0	0	0	0	0	0
Total Adjustments to Equity	(199,369)	(92,930)	(400,000)	(401,206)	(652,079)	(644,949)	(400,000)
Operating Fund Balance - End of Year	995,156	(790,434)	2,475,808	(108,298)	1,257,164	308,874	900,463
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	1,724,737	259,714	1,662,868	1,159,963	2,381,596	2,155,341	933,629
Accounts Receivable:							
Saskatchewan Health	173,838	204,043	119,010	0	286,307	249,121	177,339
Other	218,999	81,229	191,579	412,117	241,329	640,647	502,098
Inventory	299,580	59,718	180,744	239,183	452,690	383,690	321,714
Prepaid Expenses	145,965	115,198	89,068	96,551	127,041	224,307	68,357
Investments	50,000	0	1,769,189	0	0	21,300	1,055,967
Restricted Assets	0	0	0	0	0	0	0
Other	10,482	0	0	0	0	0	0
Total Operating Assets	2,623,581	719,902	4,012,458	1,907,814	3,489,163	3,674,406	3,059,104
Liabilities and Operating Fund Balance:							
Accounts Payable	67,951	311,855	461,157	995,421	905,238	830,099	700,565
Bank Indebtedness	0	0	0	0	0	0	0
Accrued Liabilities	1,308,078	701,333	870,836	988,520	1,094,770	2,296,998	1,134,749
Current Portion of Long-term Debt	0	0	0	0	0	0	0
Deferred Revenue	252,396	497,148	204,657	32,171	231,991	238,435	323,337
Total Liabilities	1,628,425	1,510,336	1,536,650	2,016,112	2,231,999	3,365,532	2,158,641
Externally Restricted	0	0	0	0	0	0	0
Internally Restricted	0	251,567	0	0	0	308,874	0
Unrestricted	995,156	(1,042,021)	2,475,808	(108,298)	1,257,164	0	900,463
Operating Fund Balance	995,156	(790,434)	2,475,808	(108,298)	1,257,164	308,874	900,463
Total Liabilities and Operating Fund Balance	2,623,581	719,902	4,012,458	1,907,814	3,489,163	3,674,406	3,059,104

FINANCIAL STATEMENTS

STATEMENT OF OPERATIONS	Prince Albert	Regina [1]	Rolling Hills	Saskatoon	South Central	South Country	South East
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	56,520,950	282,663,589	8,257,588	300,523,000	28,007,032	10,603,402	18,541,788
Long-term Resident and Respite Income	2,925,545	2,134,480	748,434	0	3,580,661	1,485,248	1,984,350
Home Based Services - Client Fees	242,282	783,086	106,478	0	178,595	125,803	198,482
Emergency Response Service Fees	0	1,588,186	19,151	0	378,588	0	400,537
CMHC Mortgage Subsidies	0	0	28,335	0	0	0	67,401
Out-of-Province/Third Party Reimbursements	454,649	12,178,957	39,098	11,202,000	135,735	197,213	59,333
Donations	15,152	818,873	3,720	0	43,278	2,050	0
Investment Income	109,213	547,305	57,989	0	360,574	7,387	41,053
Ancillary Operations	837,639	1,951,715	12,815	0	0	25,901	0
Other	2,270,782	7,876,559	90,713	7,976,000	801,218	69,133	576,312
Total Operating Revenue	63,376,212	310,522,730	9,364,119	319,701,000	33,483,681	12,496,147	21,867,245
Operating Expenses:							
Acute Services	30,677,818	186,782,986	1,176,469	221,939,000	6,760,753	2,456,299	0
Specialized Hospital Programs	677,557	11,371,264	0	0	0	0	0
Supportive Care Services	9,736,661	16,897,398	3,497,099	46,080,000	15,648,770	4,726,192	8,332,871
Grants to Affiliates:							
Acute Services	0	0	0	0	0	1,170,090	6,342,827
Supportive Care Services	4,013,794	34,272,252	1,816,354	0	1,536,508	1,284,910	2,341,118
Other	0	0	0	0	200,444	33,000	146,848
Home Based Services	4,037,086	12,080,694	971,068	16,217,000	1,739,602	1,086,057	1,856,969
Health Improvement Initiatives:							
Health, Wellness and Social Centres	3,050,527	222,585	933,314	606,000	760,921	345,208	320,077
Rural Health Initiatives	903,613	1,505,869	327,412	48,000	394,031	422,194	675,350
Community Care Initiatives	588,831	456,883	50,175	627,000	128,531	51,961	0
Emergency Response Services	569,796	3,094,356	193,488	1,352,000	645,520	305,719	755,071
Alcohol and Drug Services	478,475	1,775,099	69,005	3,338,000	102,878	58,954	0
Community Health Services	3,232,400	10,076,617	171,434	6,783,000	1,331,840	439,932	404,567
Mental Health Services	4,589,323	12,554,231	130,903	11,144,000	3,446,125	113,260	603,124
Rehabilitation Services	76,456	23,397,221	697	10,138,000	226,381	62,696	113,653
Ancillary Operations	526,973	176,033	30,669	0	0	0	0
Other	0	617,340	0	0	0	0	0
Total Operating Expenses	**63,166,310**	**316,200,888**	**9,367,087**	**329,272,000**	**32,924,304**	**12,588,472**	**21,992,376**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**209,902**	**(4,738,078)**	**(2,968)**	**(571,000)**	**559,377**	**(89,325)**	**(5,130)**
Operating Fund Balance - Beginning of the year	(2,215,894)	(5,370,750)	1,269,831	(213,000)	3,667,009	(209,549)	(93,722)
Interfund Transfers	(209,902)	(2,662,214)	(157,912)	0	(1,058,779)	(23,866)	(82,759)
Equity Adjustments	0	0	0	0	0	0	0
Total Adjustments to Equity	(209,902)	(2,662,214)	(157,912)	0	(1,058,779)	(23,866)	(82,759)
Operating Fund Balance - End of Year	(2,215,894)	(12,771,042)	1,129,751	(784,000)	3,167,607	(293,740)	(181,611)
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	2,291,238	2,223,680	1,263,441	18,230,000	2,255,334	320,296	644,085
Accounts Receivable:							
Saskatchewan Health	679,199	4,186,392	121,298	4,893,000	422,714	158,051	39,209
Other	1,449,428	4,779,778	227,205	7,898,000	606,541	341,747	170,735
Inventory	535,162	3,343,812	205,206	6,372,000	634,833	102,940	115,670
Prepaid Expenses	785,597	1,964,319	38,088	1,492,000	64,050	98,376	82,296
Investments	0	2,421,369	275,321	0	3,979,549	0	100,000
Restricted Assets	0	0	0	0	0	0	0
Other	0	41,564,825	0	5,997,000	0	0	0
Total Operating Assets	5,740,624	60,484,175	2,130,539	44,882,000	7,963,021	1,021,410	1,151,995
Liabilities and Operating Fund Balance:							
Accounts Payable	3,757,326	16,931,283	370,229	18,457,000	2,268,860	382,100	509,125
Bank Indebtedness	0	30,237,586	0	0	0	0	0
Accrued Liabilities	3,759,189	23,149,870	557,483	25,381,000	1,880,280	933,050	824,481
Current Portion of Long-term Debt	0	0	0	0	0	0	0
Deferred Revenue	440,003	2,936,478	74,076	1,828,000	646,274	0	0
Total Liabilities	7,956,518	73,255,217	1,001,788	45,666,000	4,795,414	1,315,150	1,333,606
Externally Restricted	0	0	0	0	486,888	0	0
Internally Restricted	0	0	658,081	0	3,438	0	0
Unrestricted	(2,215,894)	(12,771,042)	469,670	(784,000)	2,677,281	(293,740)	(181,611)
Operating Fund Balance	(2,215,894)	(12,771,042)	1,129,751	(784,000)	3,167,607	(293,740)	(181,611)
Total Liabilities and Operating Fund Balance	5,740,624	60,484,175	2,130,539	44,882,000	7,963,021	1,021,410	1,151,995

FINANCIAL STATEMENTS

STATEMENT OF OPERATIONS	Southwest	Swift Current	Touchwood Qu'Appelle	Twin Rivers	Grand Total
Operating Revenues:					
Saskatchewan Health - General Revenue Fund	11,169,152	27,159,568	9,891,737	8,772,581	1,135,920,311
Long-term Resident and Respite Income	1,771,374	2,308,364	1,368,789	1,064,318	54,987,500
Home Based Services - Client Fees	136,149	145,484	113,985	137,295	5,540,054
Emergency Response Service Fees	241,132	0	0	132,082	4,480,282
CMHC Mortgage Subsidies	0	0	0	41,161	1,672,701
Out-of-Province/Third Party Reimbursements	253,832	323,843	80,653	116,695	32,122,906
Donations	12,032	65,623	0	19,644	1,435,488
Investment Income	143,776	102,281	121,467	33,451	4,407,781
Ancillary Operations	69,318	184,150	0	20,158	4,574,638
Other	204,579	1,047,870	196,679	142,979	37,192,955
Total Operating Revenue	14,001,344	31,337,183	11,773,310	10,480,344	1,282,334,595
Operating Expenses:					
Acute Services	4,611,665	14,319,935	2,983,338	3,104,921	623,491,156
Specialized Hospital Programs	0	0	0	0	24,025,781
Supportive Care Services	6,130,348	8,978,636	4,426,780	4,693,536	274,766,110
Grants to Affiliates:					
Acute Services	0	0	1,496,400	0	24,113,719
Supportive Care Services	0	0	223,600	0	63,731,987
Other	32,800	0	0	0	1,893,306
Home Based Services	1,325,963	1,945,628	1,100,552	1,028,341	77,645,886
Health Improvement Initiatives:					
Health, Wellness and Social Centres	529,139	0	38,000	773,014	11,315,289
Rural Health Initiatives	354,396	323,078	171,984	223,663	12,309,058
Community Care Initiatives	19,578	84,737	0	60,748	6,352,204
Emergency Response Services	551,615	273,804	326,175	382,304	17,349,651
Alcohol and Drug Services	65,106	193,313	154,288	50,642	10,678,352
Community Health Services	341,853	1,789,111	385,875	127,756	45,486,785
Mental Health Services	59,848	2,312,185	133,241	61,394	50,403,695
Rehabilitation Services	58,608	108,713	0	46,888	37,802,730
Ancillary Operations	19,004	54,561	0	0	1,418,994
Other	0	0	0	0	5,781,034
Total Operating Expenses	**14,099,923**	**30,383,861**	**11,440,233**	**10,553,797**	**1,298,565,909**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(98,579)**	**953,302**	**333,077**	**(72,853)**	**(5,230,785)**
Operating Fund Balance - Beginning of the year	2,422,014	(646,028)	1,413,590	(226,843)	12,302,869
Interfund Transfers	(66,450)	(706,683)	(296,407)	(170,991)	(9,462,000)
Equity Adjustments	0	0	0	0	22,071
Total Adjustments to Equity	(66,450)	(706,683)	(296,407)	(170,991)	(9,439,929)
Operating Fund Balance - End of Year	2,256,985	(399,209)	1,450,260	(470,697)	(3,367,845)
STATEMENT OF FINANCIAL POSITION					
Operating Assets:					
Cash and Short-term Investments	3,130,377	1,772,007	3,650,007	0	76,206,141
Accounts Receivable:					
Saskatchewan Health	150,264	347,698	0	101,044	15,166,830
Other	346,758	241,287	694,568	152,828	23,972,101
Inventory	336,951	442,920	154,621	290,291	19,142,389
Prepaid Expenses	94,710	157,132	80,535	40,024	7,794,121
Investments	0	482,798	0	176,153	16,454,933
Restricted Assets	0	0	0	0	558,486
Other	3,665	93,423	0	0	48,646,972
Total Operating Assets	4,062,725	3,537,265	4,579,731	760,340	207,941,953
Liabilities and Operating Fund Balance:					
Accounts Payable	467,270	1,164,616	1,828,370	210,880	61,548,261
Bank Indebtedness	0	0	0	139,328	44,003,940
Accrued Liabilities	1,059,378	2,522,561	824,431	699,367	90,751,827
Current Portion of Long-term Debt	0	0	0	0	149,845
Deferred Revenue	279,092	249,297	476,670	181,462	14,208,490
Total Liabilities	1,805,740	3,936,474	3,129,471	1,231,037	210,662,363
Externally Restricted	12,171	0	0	0	499,058
Internally Restricted	56,233	25,698	87,841	0	3,185,155
Unrestricted	2,188,581	(424,907)	1,362,419	(470,697)	(7,052,059)
Operating Fund Balance	2,256,985	(399,209)	1,450,260	(470,697)	(3,367,845)
Total Liabilities and Operating Fund Balance	4,062,725	3,537,265	4,579,731	760,340	207,941,953

Note: Certain figures have been reclassified to conform to this format.

Note: Individual District Health Boards' audited financial statements are available from the Health District.

1. Regina does not present their Statement of Financial Position in this format; therefore, these detailed numbers are considered unaudited.

APPENDICES

APPENDIX I: SUMMARY OF LEGISLATION

The Ambulance Act

- Regulates emergency medical technologists/paramedics and funding of ambulance boards.
- To be amended or repealed due to health districts now funding ambulance services.

The Cancer Foundation Act

- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

The Change of Name Act, 1995

- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act

- Regulates the profession of chiropody/podiatry. (under review)

The Chiropractic Act, 1994

- Regulates the chiropractic profession.

The Dental Care Act

- Governed the Department's former dental program and currently allows for the subsidy program for children receiving dental care.

The Dental Disciplines Act

- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act

- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Emergency Medical Aid Act

- Provides protection from liability for physicians, nurses and others when they are providing emergency care.

The Health Districts Act

- Allows for the establishment and funding of health districts to provide health services.

The Health Facilities Licensing Act

- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics. (yet to be proclaimed.)

The Health Information Protection Act

- Protects personal health information in the health system in Saskatchewan.
- Establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services. (not yet proclaimed.)

The Health Services Utilization and Research Commission Act

- Allows for the establishment, management and funding of this research body.

The Hearing Aid Act

- Governs the Provinces hearing aid and audiology program. (to be repealed)

APPENDIX I: SUMMARY OF LEGISLATION

The Home Care Act

- Regulates the funding and provision of home care services in the Province.
- Outdated given transfer of responsibility for home care services to health districts. (to be repealed.)

The Hospital Standards Act

- Regulates the standards for services delivered in hospitals.
- Outdated and under review. (to be repealed.)

The Housing and Special-care Homes Act

- Regulates the establishment, licensing and funding of special-care homes (long-term care facilities) in the Province.
- Outdated and under review given transfer of responsibility to health districts.

The Human Tissue Gift Act

- Regulates organ donations in the Province.

The Licensed Practical Nurses Act

- Regulates licensed practical nurses in the Province.

The Medical and Hospitalization Tax Repeal Act

- Ensure that premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act

- Governs who can operate a medical laboratory and the services that can be provided by them.

The Medical Laboratory Technologists Act

- Regulates the profession of medical laboratory technology.

The Medical Profession Act

- Regulates medical physicians.

The Medical Radiation Technologists Act

- Regulates medical radiation technologists.

The Mental Health Services Act

- Regulates the provision of mental health services in the Province and the protection of mentally disabled people.

The Midwifery Act

- Regulates midwives. (not yet proclaimed.)

The Mutual Medical and Hospital Benefit Associations Act

- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act

- Regulates naturopathic physicians. (outdated statute.)

The Occupational Therapists Act, 1997

- Regulates occupational therapists.

The Ophthalmic Dispensers Act

- Regulates opticians. Act is outdated and under review.

The Optometry Act

- Regulates optometrists.

APPENDIX I: SUMMARY OF LEGISLATION

The Osteopathic Practice Act

- Outdated statute to regulate osteopathic physicians (none currently practising in Province).

The Personal Care Homes Act

- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996

- Regulates pharmacists and pharmacies.

The Physical Therapists Act, 1998

- Regulates physical therapists.

The Prescription Drugs Act

- Provides authority for the provincial drug plan.

The Professional Dietitians Act

- Regulates dietitians. (under review.)

The Psychologists Act, 1997

- Regulates psychologists. (not yet proclaimed.)

The Public Health Act

- Some sections of the old Act remain in force in order that governing boards of some facilities continue to operate.

The Public Health Act, 1994

- Provides authority for the control of health hazards and communicable diseases.

The Registered Psychiatric Nurses Act

- Regulates registered psychiatric nurses (mental health nurses).

The Registered Psychologists Act

- Regulates psychologists. (to be repealed.)

The Saskatchewan Hospitalization Act

- Provides for the payment of hospital services and taxes.
- This Act is scheduled for repeal contingent on changes to other Acts and regulations.

The Saskatchewan Medical Care Insurance Act

- Sets out authority for the Province's medical care insurance program and payments to physicians.

The Speech-Language Pathologists and Audiologists Act

- Regulates speech-language pathologists and audiologists.

The Vital Statistics Act, 1995

- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act

- Sets out the Province's responsibilities with respect to services for the blind.

The Registered Nurses Act,1988

- Regulates registered nurses.

APPENDIX II: LEGISLATION AND REGULATION AMENDMENTS

Two bills were passed during the 1999 spring session of the Legislative Assembly:

The Health Information and Protection Act

This Act:

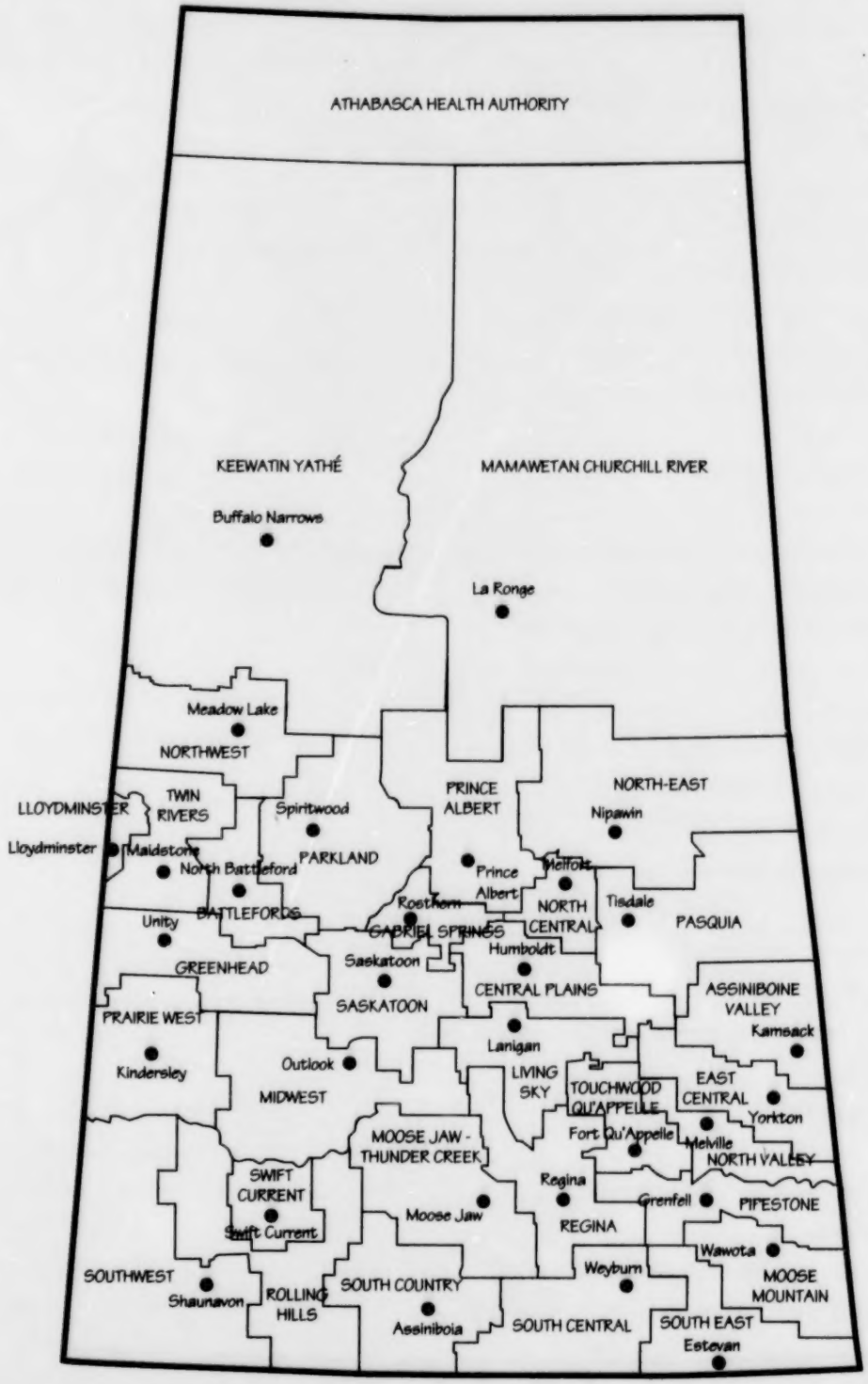
- puts a legal framework in place to protect personal health information in the health system in Saskatchewan. It establishes a common set of rules that emphasize the protection of privacy while ensuring that information is available to provide efficient health services;
- applies to "personal health information" defined as information about the mental or physical health of an individual which is identifiable to that individual;
- does not take any authority for decisions about personal health information away from health providers or other trustees in the system. It keeps responsibility for personal health information close to the client-provider relationship;
- legislates an individual's right to access information about themselves held by any trustee in the health system. It also provides rules for amendments to that information contained in the records of a trustee.

The Midwifery Act

This new Act:

- allows for midwives to legally practise in the Province;
- regulates midwives similar to other health professions in the Province;
- received Royal Assent May 6, 1999.

APPENDIX III: SASKATCHEWAN HEALTH DISTRICTS MAP



APPENDIX IV: SASKATCHEWAN HEALTH DIRECTORY OF SERVICES

Alcohol and Drug Services ..... (306) 787-7239

Birth, Marriage and Death Certificates and Changes of Name (Vital Statistics)
Saskatchewan residents 1-800-458-1179
Regina (local) ..... (306) 787-3092

Communicable Disease Control ..... (306) 787-1460

Drug Plan (prescription)
Saskatchewan residents 1-800-667-7581
Regina (local) ..... (306) 787-3317

Family Health Benefits
Saskatchewan residents 1-800-266-0695
Regina (local) ..... (306) 787-3124

Health Services Card Registration and Information
Saskatchewan residents 1-800-667-7551
Regina (local) ..... (306) 787-3251
Saskatoon (local) ..... (306) 933-6275

Hospital and Emergency Services ..... (306) 787-3204

Long-Term Care and Home Care ..... (306) 787-3479

Mental Health ..... (306) 787-3297

Out-of-Province Health Services
Saskatchewan residents 1-800-667-7523
Regina (local) ..... (306) 787-3437

Personal Care Homes ..... (306) 787-1715

Population Health
Saskatchewan residents 1-800-667-7766
Regina (local) ..... (306) 787-3084

Primary Health Services ..... (306) 787-0889

Problem Gambling Services Information ..... (306) 787-4626

Provincial Laboratory ..... (306) 787-3131

Saskatchewan Aids to Independent Living (SAIL) ..... (306) 787-7121

For up-to-date information on
Saskatchewan Health
programs and services, call:

Regina: (306) 787-3696

Visit our Website at:
www.gov.sk.ca/health/

Produced by
Communications Branch
Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

ISSN 0822-160X